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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>130</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>348</u>	
Town of _____		Local Registrar No. _____	
or			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Albert Martin McNeely</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>M.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>twins</u>	5. No., in order of birth <u>1st</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>Aug. 5-22</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Edis Alexander McNeely</u>		Full maiden name <u>Aminie Ruth Lacey</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>25</u>	(Years)	17. Age at last birthday <u>21</u>	(Years)
12. Birthplace (city or place) <u>Texas</u>	(State or country)	18. Birthplace (city or place) <u>New Mexico</u>	(State or country)
13. Occupation <u>Repair man at mine</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9:20</u> A. M. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Address <u>Globe, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>8/10</u> , 19 <u>22</u>	
(Month, day, year)		Local Registrar. <u>B. G. Gray</u>	
<u>548-805-138</u>		County Registrar. <u>B. G. Gray</u>	
Registrar.		Filed <u>9/15</u> , 19 <u>22</u>	